

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012703

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 275

Primary Registration District No. 3053

Registrar's No. 73

FILED MAR 27 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |   |  |                                       |
|--|---|--|---------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Phelps</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Stawford</u>                          |                                       |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Tolla</u>  |   | c. CITY OR TOWN <u>Cuba</u>  |                                       |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Midland Nursing Home</u>   |   | d. STREET ADDRESS <u>Rte 1</u>   |                                       |
| 3. NAME OF DECEASED<br>(Type or print) First <u>Robert</u> Middle <u>Walter</u> Last <u>Bausus</u>   |   | 4. DATE OF DEATH <u>March 12, 1963</u>   |                                       |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>White</u>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH <u>Mar. 15, 1895</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Retired Pensioner</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY  |                                       |
| 11a. FATHER'S NAME <u>Robert C. Bausus</u>   |   | 11b. MOTHER'S MAIDEN NAME <u>Ethel H. Bausinger</u>  |                                       |
| 12. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of)  |   | 13. SOCIAL SECURITY NO. <u>no</u>  |                                       |
| 14. CAUSE OF DEATH (Enter only one cause)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Carcinoma of Rectum</u>  |   | 15. INTERVAL BETWEEN ONSET AND DEATH <u>8 mo</u>   |                                       |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                       |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |                                       |
| 20c. TIME OF INJURY<br>Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.  | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  |  |                                       |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   | 20f. CITY, TOWN, OR LOCATION <u>Cuba, Mo.</u>   |  |                                       |
| 21. I attended the deceased from <u>March 5, 1963</u> to <u>March 12, 1963</u> and last saw him alive on <u>March 12, 1963</u><br>Death occurred at <u>5</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |                                       |
| 22a. SIGNATURE <u>Dr. Andrew J. Smith</u> (Degree or title)  |   | 22b. ADDRESS <u>Tolla, Missouri</u>  |                                       |
| 22c. DATE SIGNED <u>3-14-1963</u> (State)  |   | 22d. LOCATION (City, town, or county) <u>Cuba, Mo.</u>   |                                       |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  | 23b. DATE <u>3-15-1963</u>  | 23c. NAME OF CEMETERY OR CREMATORY <u>Kindet Cemetery</u>  |                                       |
| 24. FUNERAL DIRECTOR <u>Paul G. Thompson</u>   | 24a. ADDRESS <u>Cuba, Mo.</u>   | 24b. DATE RECD. BY LOCAL REG. <u>Mar. 14, 1963</u>   |                                       |
| 24c. REGISTRAR'S SIGNATURE <u>Nadene L. Stoeck</u>   |   | 24d. ADDRESS <u>Cuba, Mo.</u>  |                                       |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

MAR 29 1963

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

*Paul E. Null*

Licensed Embalmer No. \_\_\_\_\_

*4498*

P. O. Address \_\_\_\_\_

*Rolla, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.